



Minutes of Meeting

Monday, 16th November, 2015 at 6.30 pm

Members Present

Grant Stothard (Chairman)
Mandy Wareham
Jean Railton

Debbie Ford
Geoff Henry
Mary Kay
Anne Mc Shee
Karen Bestwick
Hazel Mellard

John Hareshaw
Anne Aston
Michael Leany
Guy Freeland
Dr Kar
Jackie King-Owen

In Attendance

Apologies for Absence

1.0 **Minutes of the Last Meeting** - were accepted.

2.0 **Dr Kar – an update for PPG Members and an Opportunity for Dr Kar to answer questions**

2.1 **Dr Kar's Personal Briefing as to where we are as a Practice**

Dr Kar reminded the group of the history since he took over the practice e.g. when he did 8 sessions a week: Dr Karma did 2 days a week and Dr. Carberry was in training with CSMC. Today Dr Karma has left and her sessions have been replaced by Dr. Kerry and Dr Carberry. Dr Kar is finishing his M.SC this year and next year he would like to do his Phd. Dr Kar talked about coronary heart research and aspirin which the practice is endorsing.

2.2 **Weekend Practice Opening**

Both Dr Kar and Karen spoke about possible doctor burn out saying to maintain a practice such as ours on the basis of surgeries 7 days a week was unrealistic. Dr Kar said in larger practices this was possible but in practices the size of CSMC this was not so. Members reiterated their satisfaction with CSMC and praised the way in which they are able both to get an appointment and to see a doctor of their choice. Generally it was felt that with the 111 service and the possibility of a referral to a practice which is open more than suffices their needs, particularly when it is a surgery in their locality. Guy asked whether it would be possible in the next surgery survey to ask patients,

“How valuable would a Saturday morning clinic be for you?” It was suggested this question could be put on the white board in the waiting room. He said maybe Karen could suggest other surgeries do the same. It was agreed that we must not take our doctors for granted. Guy and Grant said they will raise it at the next PRG meetings.

2.3 **HCCG and the Namibia Visit by Derbyshire Children.**

A lot of time was spent on this topic and there were very strong feelings. Repeatedly members questioned the decision to give £40,000 to the project Namibia Visit by Derbyshire Children. Sympathy was expressed for the Namibian people and for the young people going from Derbyshire. However it was felt that this was a remit for education or social services and not for health. Guy said that maybe a better idea would be for the children from Namibia coming here. Members asked the Chair to contact Andy Gregory to express their disquiet over this decision, not only because the motion was passed by a majority of one. The group as a whole felt that other PPGs would feel similarly to itself. It was pointed out that Bolsover have people on food parcels and low incomes were contributing to poorer health.



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2.4 Televisions in the Waiting Room

Strong views were expressed with members saying televisions in the waiting room would be very useful. The general feeling was televisions are more cost effective in terms of patients spending and the expenditure more easily justifiable and appropriate for a Clinical Commissioning Group than Namibia.

- Television can notify patients re e.g.
- Flu jabs
- Opening Times
- They can ask for a longer appointment
- With NHS updates
- Smoking Campaigns

Dr Kar agreed that this is something the Practice should move ahead on

2.5 How the Practice Is financed

Karen spoke about how the practice is financed. The meeting were surprised to discover we only received just over £75.00 per year for each patient to deliver basic general medical services.

As small independent business we have to make sure our books balance. Therefore we have to look additional and enhanced services to ensure our income meets our expenditure. Karen gave examples such as the INR work and the quality enhanced service for nursing homes.

Karen also discussed the Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. It rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services. It is a voluntary process for all surgeries in England and was introduced as part of the GP contract in 2004. The indicators for the QOF change annually, with new measures and indicators been retired. For 2014/15, the QOF awards practices achievement points for:

- managing some of the most common chronic diseases, e.g. asthma, diabetes
- managing major public health concerns, e.g. smoking, obesity
- implementing preventative measures, e.g. regular blood pressure checks

2.6 CSMC is a Training Practice and this can result in enhanced patients' services and care. Karen told members Dr Oakley has now passed her exams and is a bona fide GP. Dr Kar told the meeting that Dr Ratcliffe would be leaving us at the end of December as her training at CSMC had come to an end. Members said how much they appreciated Dr Ratcliffe and to a one they would be sorry to see her go.

3.0 Chair's Report

Confidential Meeting Grant said that he and Guy attend a confidential meeting with the HCCG. Although he couldn't share with the group the content of the meeting, said that he would represent and express Member's views when he attended.



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3.1 Publications

Members expressed their thanks to the chair for his excellent week on and week out contributions to e.g. the Derbyshire Times, Look Magazine and Bolsover 1st. Members said how grateful they are to Grant for all he does for them and on their behalf.

3.2 Date of Next Meeting: December 9th 6.15 for 6.30 it is the "Christmas Bash"